

NC Department of Health and Human Services

# **COVID-19 Testing: Reporting under Secretarial Order #2**

Reporting under Gecretariar Order #

## Office Hours, 10:30-11:30

August 27, 2020

## **Updates**

- Portal is live, as of 8/24/2020.
  - https://ncgov.servicenowservices.com/csm\_nh
- Lessons Learned: Please follow the Starter Kit.
  - Starter Kit will help users trying to register sidestep the 2 main reasons some users have had difficulty. We're also doing some minor reworking to better accommodate "user instinct."
- We'll hold another full day of Customer Service tomorrow (Friday, 8/28/20, 8:00a-5:00p) to assist with Registration or other questions.
  - No pre-registration needed. Just select link or call number.
  - https://global.gotomeeting.com/join/221178565
  - 1 (571) 317-3122 Access Code: 221-178-565
- Materials now available on NC Medicaid COVID Provider <u>Status</u>
   <u>Reporting Page</u>
- Special Bulletin will be released soon reflecting approach discussed today.



### **Goals of Interim Payment Design**

NC DHHS is reviewing CMS-3401-IFC and related guidance. Materials and requirements provided here are current but may be modified as additional guidance becomes available.

- To ensure providers have prompt payment source to cover testingrelated costs, even if vendor invoices are delayed.
- To accommodate as many testing arrangements as possible, recognizing each facility has established its own process.
- To create a process that is both responsive to provider need and complies with CARES Act auditing requirements.

## **Reminder: The Scope of Secretarial Order #2**

### Secretarial Order #2

Covered by Reporting Requirements Bi-weekly staff testing (Serial Testing)

Weekly testing of staff (if positive case newly identified or in Outbreak status)

Weekly testing of residents (if positive case newly identified or in Outbreak status)

Funding support available through CARES Act

Funding covered through resident's health plan or other resources.

### **Overview of Payment Set Up for Nursing Homes That Do Not Participate in NC Medicaid**

Provider will complete an NC OSC Substitute W-9 (NOT federal W-9) and be established as a vendor with NC DHHS.

Form available at NC Office of State Controller's website and <u>here.</u>

- Provider can elect to sign up for EFT through Controller's Office (but may elect not to do so).
- Providers must submit NC OSC Substitute W9 form to <u>Medicaid.ProviderReimbursement@dhhs.</u> <u>nc.gov</u> no later than Friday, 8/28 (tomorrow) in order to ensure prompt payment. \*
- Participation agreement may be required.

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#### \* Email address corrected from earlier version's typo

### Additional Guidance for Nursing Homes that Do Not Participate in Medicaid

- Reminder: if seeking interim payment for 9/8/2020 reporting period, please submit Substitute W-9 to <u>Medicaid.ProviderReimbursement@dhhs.nc.gov</u> by COB Friday, 8/28 to ensure prompt payment.
- Provider will receive a project-specific provider participation agreement.
- Guidance on completing Vendor EFT form
  - Agency: NC Department of Health and Human Services
  - Contact: Reginald Little
  - Email: <u>Medicaid.ProviderReimbursement@dhhs.nc.gov</u>
  - Phone: 919-855-4100

# **Interim Payment Process Recap**

#### Testing Method

- · Vendor-based
- Other <u>(see</u> <u>guidance on POC</u> <u>testing)</u>

Not covered: tests covered by third party payers/other funding sources (i.e. Provider Relief Fund) even if numbers are reflected in the Testing Section of portal

#### Interim Payment

- Up to \$125\* x # staff/HCP tests reported in Financial Section of COVID-19 Testing Nursing Home Reporting Portal
- Preliminary information provided each reporting period.
- Interim payment processed monthly

#### Reconciliation Requirements

Verification Required as Part of Reconciliation :

- Vendor invoice that meets documentation criteria OR
- Vendor invoice that doesn't meet documentation criteria+ facility roster/documentation roster/supplement OR
- Facility roster/documentation

\* Please see additional guidance about Point of Care Testing

### **Overview of Interim Payment Design and Process**

- NC DHHS will provide interim payments to facilities on a monthly basis based on preliminary testing counts provided in the COVID-19 Testing Nursing Home Reporting Portal.
  - Providers should enter preliminary testing counts into Portal on required Reporting Period timeframes.
  - NC DHHS will authorize interim payments based on proper submission.
  - Vendor invoices/HCP roster is not required to process interim payment (but will be as part of Reconciliation, see below).
  - Payment schedule will follow NC Tracks Checkwrite Cycle.
- Payments will be calculated based on a rate of up to \$125.00 per test or costs directly related to point of care testing.
- NC DHHS will later reconcile interim payments to actual costs up to \$125.00 per test later in the year (subject to CARES Act timelines and funding availability).
- NC DHHS will recoup overages if interim payment(s) exceeded actual tests performed.
- Supporting documentation is not required at the time of interim payment but will be required to verify testing activity as part of reconciliation process on a date to be determined.

### **Reimbursement of Point of Care Testing Device and Related Test Costs**

- With the expanded availability of POC testing devices\* and associated antigen diagnostic tests, NC DHHS anticipates facilities may elect to utilize these devices as part of its compliance with Secretarial Order.
- For tests performed with POC testing device, NC DHHS will reimburse for test and supply costs directly related to using POC device. Tests received as part of a nursing home's initial test supply, provided through the federal distribution process, should not be included in costs to be reimbursed.
- A nursing home should note the use of POC testing device in the testing strategy text field.
- Projected Costs: If nursing home is preparing to order additional tests/supplies for the purposes of complying with Secretarial Order 2, it may provide the projected cost in its reporting period submission.

\*Quidel Sofia 2 Instrument or Becton, Dickinson and Company (BD) Veritor™ Plus System with the associated FDA-authorized antigen diagnostic tests

# What's Not Appropriate for Reimbursement

- Supplies/PPE used when conducting testing activities.
- Staff overtime related performing or collecting tests.
- Supplies/PPE used when caring for residents.
- Tests received as part of a nursing home's initial test supply, provided through the federal distribution process.

# **Interim Payment Timelines**

Reporting Periods, Testing Weeks and Payment Schedule								
Testing Reporting Under Secretarial Order #2								
Reporting Periods, Testing Weeks Covered and Payment Schedule								
Reporting	Testing Weeks	Payment Schedule						
Period	Covered	[References NC TRACKS 2020 Checkwrite Schedule]						
	(Mon-Sun)							
1.	8/17-8/23							
Due 9/8/20	8/24-8/30	Processed as part of Cycle 37						
2.	8/31-9/6							
Due 9/21/20	9/7-9/13							
3.	9/14-9/20							
Due 10/5/2020	9/21-9/27	Reporting Period 2 and 3, processed as part of Cycle 41						
4.	9/28-10/4							
Due 10/19/2020	10/5-10/11							
5	10/12-10/18							
Due 11/2/2020	10/19-10/25	Reporting Period 4 and 5 processed as part of Cycle 45						
6	10/26-11/1							
Due 11/16/2020	11/2-11/8							
7	11/9-11/15							
Due 11/30/2020	11/16-11/22	Reporting Period 6 and 7, processed as part of Cycle 49						
8	11/23-11/29							
Due 12/14/2020	11/30-12/6	Reporting Period 8, processed as part of Cycle 50.						

Reporting Periods, Testing Weeks and Payment Schedule

# **Vendor Invoice/Roster**

- Itemized vendor invoice or staff/HCP roster will be required as part of reconciliation (not required for interim payment).
- Vendor invoice/roster must include minimally
  - Staff level detail of number of tests performed and DOS.
- NC DHHS will develop roster template and distribute.
- If nursing home sought an interim payment for testing-related costs, the roster will need to include all HCPs tested, regardless of testing methodology.

Staff Roster	Tests performed for Dates of Service: [listed here] Tests	Additional data elements as required by the Department (TBD).
Staff A	4	
Staff B	6	
Staff C	4	
Staff D	4	

## **Review of Portal**

## **Questions & Answers**